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FILING DATE SERIAL NO. **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** APPLICANT(S) (FOR USE WITH FORM PTO-875) CLAIMS AFTER 2nd AMENDMENT AFTER 1st AMENDMENT AS FILED IND. DEP. DEP. IND. DEP. DEP. IND. IND. IND. DEP. DEP. (ł i TOTAL IND. TOTAL IND. **-**1 供 _‡ _1 TOTAL DEP. 41. 3g , 27, TOTAL CLAIMS 44

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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FORM **PTO-1360** (REV. 3-78)